

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

1. UNIT I.D.		2. SHIP OR STATION		3. [REDACTED]		4. [REDACTED]	
5. NAME OF SPOUSE				6. DATE OF BIRTH OF SPOUSE		7. RELATIONSHIP	
8. PLACE OF MARRIAGE (CITY & STATE OR COUNTRY)				9. DATE MARRIED		10. CITIZENSHIP OF SPOUSE	
[REDACTED]		11. ADDRESS OF SPOUSE					12. DEP
13. NAME OF CHILD OR DEPENDENT				14. DATE OF BIRTH		15. RELATIONSHIP	
16. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)							17. DEP
18. NAME OF CHILD OR DEPENDENT				19. DATE OF BIRTH		20. RELATIONSHIP	
21. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)							22. DEP
23. NAME OF CHILD OR DEPENDENT				24. DATE OF BIRTH		25. RELATIONSHIP	
26. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)							27. DEP
28. NAME OF CHILD OR DEPENDENT				29. DATE OF BIRTH		30. RELATIONSHIP	
31. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)							32. DEP
[REDACTED]		33. NAME OF FATHER					
34. ADDRESS OF FATHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 35)							35. DEP
36. NAME OF MOTHER							
37. ADDRESS OF MOTHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 38)							38. DEP
39. WERE YOU PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		40. PRIOR MARRIAGE DISSOLVED BY <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE		41. DATE		42. PLACE (CITY & STATE OR COUNTRY)	
43. WAS SPOUSE PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		44. PRIOR MARRIAGE DISSOLVED BY <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE		45. DATE		46. PLACE (CITY & STATE OR COUNTRY)	
47. OTHER				48. ADDRESS		49. RELATIONSHIP	
50. NEXT OF KIN OF SPOUSE (NOT HUSBAND, WIFE OR MINOR CHILD)				51. ADDRESS		52. RELATIONSHIP	
53. BENEFICIARY(S) FOR UNPAID PAY AND ALLOWANCES				54. ADDRESS		55. RELATIONSHIP	
						56. %	
57. PERSON TO RECEIVE ALLOTMENT IF IN A MISSING STATUS. SUBJECT TO SECNAV DETERMINATION				58. ADDRESS		59. %	
60. BENEFICIARY(S) FOR GRATUITY PAY (NO SPOUSE OR CHILD SURVIVING)				61. ADDRESS		62. RELATIONSHIP	
						63. %	
64. LIFE INSURANCE DATA (NAME OF CO) (DO NOT INCLUDE SGLI)				65. ADDRESS		66. POLICY NUMBER	
67. RELIGION		68. [REDACTED]		69. [REDACTED]		70. RANK / RATE	
						71. PAGE	
						72. OF PAGES	
73. NAME OF DESIGNATOR (LAST, FIRST, MIDDLE)				74. SSN		75. USN <input type="checkbox"/>	
						76. USNR <input type="checkbox"/>	

78. REMARKS

Is beneficiary designation of S.G.L.I. on file?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE (if Yes)
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NOTE: THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF GOV'T LIFE INSURANCE.

79. SIGNATURE OF DESIGNATOR	80. SIGNATURE OF APPROVING OFFICER, TITLE, AND DATE

I have reviewed the data entered on this form and certify that it is correct.
Execute a new NAVPERS 1070/602 if data is not correct.

DATE	SIGNATURE OF DESIGNATOR	DATE	SIGNATURE OF DESIGNATOR